

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

			on or each violation is specified in the narrative portion of th	us report.			
Establishn Chri	stian	A	cadeny of Indian (concessions) Imber and street, city, state, zip code)	Telephone Number	Date of Insp (mm/dd/yr)	:	PERMIT#
1000 /				502 - 400 - 5404	4/16/	1017	18-350
Owner	10000		. New Albay, IN 47150		TP-11	D. 1	
				Purpose: 1. Routine	Follow-up		
Owner's A	ddress				No		195
				2. Follow-up	Summary of Violations:		
Person in (Charge			3. Complaint	C NC 2 RX		b
	Casul					- R <u>CC</u>	
Responsibl	le Person's	E-ma	il	5. Temporary	Menu Type	(See back	of page)
				6. HACCP	ACCP		
Certified F	ood Manag	ger		7. Other (list)	1 <u>X</u> 2_	3	45
		_					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIO	ON(S) REPE	ATEI	FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" AN	D IN THE NA	RRATIVE I	BELOW AS "R"
Section#	C/NC	R	Narrative				rrected By
177	pl	Ĺ.	Observed (2) much Flats stored - minimum 6"	directly a flow		7.10	 _
	İ		- minum 6"				/
416	mc.	-	Observed dead bugs in light s	1.11.		, ,	
7			DALACE BUS IN 17115 S	L 1 1 3		/ week	!
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Received by		title p	rinted):	Inspected by (name and title pr	inted):		
1	$_{\rm J}$ $_{\rm J}$ $_{\rm J}$ $_{\rm J}$	^	Casey				
Received by	(signature):	1		A.). Ingram (EHS)			
Ch	1111	1	Cuant	Inspected by (signature):			
cc: CC:							
			O cc:	1	cc:		